RGA

Application for grandparenting - Rural Generalist Anaesthesia

This form should be completed by rural generalist anaesthetists in Australia who wish to be grandparent. Applications close 31 December 2024.

Before completing your application, applicants must:

- be a current fellow of ACRRM or RACGP
- have been issued with a JCCA letter of satisfactory completion of training or a statement of equivalence
- have current credentialing for rural anaesthesia practice
- commitment to Rural Anaesthesia demonstrated by recent Rural Anaesthesia practise
- be current with appropriate CPD for rural anaesthesia

Personal details

College ID	Leave blank if unknown				
First name					
Middle name					
Surname					
Date of birth					
Gender identity	М	F	prefer not to say	another gender	
Address					
Suburb/State/Postcode					
Country					
Mobile					
Email					
Medical Registration					

ANZCA, in association with the Council of the Presidents of the Medical Colleges, collects workforce data to ascertain the numbers of Indigenous fellows and trainees working in Australia and New Zealand. The following question is voluntary.

Do you identify as any of the following?

Aboriginal Torres Strait Islander

Maori

Pacific Islander







Primary Fellowship

Primary fellowship:	FRACGP	FACI	RRM
Do you have a JCCA letter of satisfactory completion of tr	raining or a statement of e	equivalence?	>
	Yes	No	
If yes, date of issue of JCCA			
Please note, if you do not have a JCCA letter of satisfactory completion of trate to apply for award of the DRGA under this grandparenting process.	aining or statement of equivalence	e, you will not be	eligible
Please provide a copy of your primary fellowship and JCC	CA documentation.		
Current credential to practice anaesthesia in	a rural environmen	nt	
The credentialling must be for a rural location defined as	Modified Monash Model 3	<u>3-7</u> or above	
Are you currently credentialed to practice anaesthesia in	a rural environment?	Yes	No
Please provide a letter from your hospital confirming cred	entialing.		

Commitment to rural anaesthesia

At least 12 weeks per year over the last 24 months in a rural environment is required

Start Date	End Date	FTE	Hospital	Total weeks

Please provide evidence of regular practice in a rural environment (see checklist below).

Conti	nued professional development			
Are yo	u compliant with the CPD requirements set by your primary medical college	e? Yes No		
	he table below, please provide details of at least 2 practice evaluation activise activities	ties and 2 emergency		
Activi	ty	Date Completed		
Decla	aration			
I decla	re that:			
a)	I have read and understood the contents of this applications.			
b)	The statements made, and the information provided, in this application form and in the documents attached are true and completed.			
c)	I have no illness or disability or I have informed the college of any illness or disability that would preclude the safe practice in rural anaesthesia, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice in rural anaesthesia,			
d)	I have current medical registration and agree to notify the college if my medical registration is withdrawn or suspended, or conditions are placed on my medical registration.			
e)	I undertake to notify the college if I develop an illness or disability that would preclude the safe practice in rural anaesthesia, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice.			
f)	I acknowledge that any condition which could preclude the safe practice, including personal drug or chemical dependence, may prevent award of my RGA.			
g)	I agree that all communications made by the council of the college or any of its officers, and all answers made and all communications of every kind in relation to this my application for RGA of the college shall for all purposes be absolutely privileged.			
h)	I give permission for ANZCA to contact my primary college to confirm fel required, other details provided in this form.	lowship status and if		
Signat	ure Date			
g.iat				

Payment details

A non-refundable gra	andparenting fee mu	ust accompany the appli	cation for grandparenting.			
Payment amount: \$3	50 (GST inclusive)					
Credit card type:	☐ Visa	Mastercard				
Credit card number			Expiry date			
Name on card						
Signature						
Checklist of evid	dence required					
name, natio			in English and contain the applicant untry of birth, photograph, expiry date			
Primary fellowship						
JCCA letter of satisfactory completion of training or statement of equivalence.						
Credentialing confirmation letter						
Commitment to rural anaesthesia.in the form of:						
	 Other appropriate documentation (Commitment to provide out of hours and emergency services in rural areas) 					
CPD complia	ance in rural genera	ilist anaesthesia:				
o CPD	 CPD statement of participation 					
o Evid	ence of current CPI	D certificate/JCCA CPD	standard			
	 2 practice evalu 	ation activities				
	 2 emergency re 	esponse activities				

Please send your completed form and supporting documents to the college:

ANZCA RGA Training & Assessment

Email: rga@anzca.edu.au

For further information, please contact us at +61 3 9510 6299.